24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
If He Votes Like That In Salem Imagine What He Will Do In Congress	C C00559054
	M - M / D - D / Y - Y - Y - Y
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Clear Channel	Date of Public Distribution/Dissemination
	04 01 2014
Mailing Address 13333 SW 68th Parkway	Amount
Suite 310	45200
City State Zip Code Portland OR 97223-8304	15300 Transaction ID : 15
Purnose of Expenditure	Date of Disbursement or Obligation
Radio AD Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Jason Conger	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General
	Other (specify) ▶
Full Name of Payee Alpha Broadcasting	Date of Public Distribution/Dissemination
Mailing Address 1211 SW 5th Avenue	04 01 2014
Suite 600	Amount
City State Zip Code	36337.5
Portland OR 97204-3706	Transaction ID : 16 Date of Disbursement or Obligation
Purpose of Expenditure Radio AD Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Jason Conger	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General
rei Liection for Onice Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	51637.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	51637.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Carol A Russell [Electronically Filed] Date 0	9 29 2014
Signature	